THE BOSTON

MEDICAL AND SURGICAL JOURNAL.

Vol. III.] TUESDAY, AUGUST 17, 1830. [Nos. 27 and 28.

I.

ON THE CONNEXION BETWEEN CUTANEOUS DISEASES WHICH ARE NOT CONTAGIOUS, AND THE INTERNAL ORGANS.*

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The laws of vitality that preside over organized bodies, preserve a mutual dependence and a reciprocal influence between their several component parts. The more perfect and complicated the organization is, the more numerous are its ties of connexion and relation. Not only the several organs are thus held in mutual dependence, but each tissue is so modified in its relations by other tissues, that the exercise of any one of them, whether healthy or morbid, is felt and responded to by all the others.

This consent of action between parts is clearly displayed in the organs designed to aid in replenishing and nourishing the human body. The brain, through the medium of the first pair of nerves, takes cognizance of savory food proper for nourishment;—the salivary glands pour out a fluid to moisten it, which is increased when the substance is introduced into the mouth, and still more when the jaws are put in motion to masticate it. The complicated mechanism of deglutition acts,—the exhalant arteries of the stomach are excited by its presence within that organ;—the whole sanguiferous system receives the impression, and the blood retires from the central organs. These central organs, and especially the chylopoietic viscera, are excited into action, and transmit the nutriment they have prepared to the surface and elsewhere, replenishing and invigorating every organ, each participating in the process, and each deriving benefits in return.

But if healthy actions are thus mutually extended from part to part, so also are morbid ones. If the process just mentioned be interrupted in any part of it, disorder pervades the whole. If with the savory substances crudities are swallowed, the stomach is oppressed, chymification is imperfectly performed, which leads to imperfect chylification, and this to imperfect sanguification, and this to imperfect assimilation. If the mesenteric glands be tumefied and the lacteals thereby obstructed, the circulating fluid is diminished, and debility and marasmus ensue. Or even if blood be drawn while the stomach is distended with wholesome food, the digestive process is interrupted, and faintness, nausea, and perhaps vomiting, are produced. Each part is so catenated in its office with the others, that disorder or interruption in any one link, is extended to the whole chain.

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* This Dissertation received the Boylston Prize offered by Harvard University, 1830.

Pathology, therefore, as well as physiology, demonstrates the mutual dependence and reciprocal influence of different parts of the body. This, however, is more observable in respect to some organs than others. Between the stomach and head, the uterus and mammæ, the throat and testes, it is particularly remarkable. The same remark applies to particular textures or parts of organs. Inflammation of one tunica conjunctiva extends to the other,—of the fibrous texture of one joint to that of others,—of one part of the mucous membrane to other parts of it,—of the skin to the mucous membrane, and of this membrane to the skin. This consent of action between certain organs and certain textures, whether healthy or morbid, is termed *sympathy*, the nature of which will now be imperfectly investigated.

By sympathy, then, two organs are so united that an affection of one of them extends to the other. The point or organ primarily affected, may be termed the radiating centre of sympathy; the part secondarily affected may be termed the seat of it. All the organs may become radiating points of sympathy. Severe inflammation of any tissue may affect the heart, the lungs, the gastric system, or the brain and nerves. In general, the more a viscus or organ is endowed with life, the more its relations with other organs are multiplied and immediate. Diseases of the brain, of the lungs and of the liver, spread derangement throughout the system. But of the simple textures, the mucous membranes, particularly that of the stomach, seem entitled to the first rank as radiating and receiving centres of morbid sympathies.

Morbid impressions are, however, oftentimes less sensibly manifested in the radiating organ, than in the sympathizing one. Whether this be attributable to greater natural susceptibility in the latter, or to the fact that it has been less exposed to the action of external agents, and is therefore less habituated to their impression, certain it is that it often experiences more decided and permanent changes immediately after the primary impression has been made. Thus cold acting upon the skin, may produce only a slight and transient change on the state of the part, while the organ that sympathizes with it, as the mucous membrane of the throat and air-passages, or intestinal canal or bladder, may be affected with severe inflammation.

The radiating centre of sympathy is ordinarily single, but the receiving ones may be numerous. The irritation of the gums caused by teething, may derange the stomach and produce indigestion. The imperfect chyme may then irritate the intestines,—this may extend to the skin and produce cutaneous eruptions, or to the brain and cause convulsions. When the mucous membrane of the lungs is highly inflamed, in consequence of cold applied to the skin, this may extend its influence to the presiding organs of the body, to the brain or the heart and arterial system, and thus affect every part.

It would gratify curiosity, and

in some instances lead to more correct indications of cure, could we determine the means by which sympathies are propagated from tissue to tissue, and how remote organs participate in each other's diseases ;—how the abstraction of heat from the soles of the feet causes quinsey, or cold drink during free perspiration causes pleurisy;—what tissue has transmitted the irritation of the mucous membrane of the stomach to the pleura, whether it be one or many agents that are employed, varying according to the nature of the radiating centre. These questions, which have ever occupied the attention of physiologists, are as yet unsettled, though many ingenious and plausible theories have from time to time been advanced. The membranes, the cellular texture, the bloodvessels, the nerves,—each singly or in concurrence with the brain,—each singly or in concurrence with the bloodvessels, has at different times been represented as the agent of sympathies.

When physiology was imperfectly understood, all the membranes were supposed to be derived from the brain, and it was during the prevalence of this error that Baglivi referred to them the chief agency of sympathy. Although each membrane may propagate its inflammations in itself, by continuity of texture, or to other corresponding ones, by reason of similarity of structure and function, and from its consequently corresponding development of vitality, yet a great proportion of the phenomena of sympathy are admitted to be inexplicable upon such a connexion.

Borden referred sympathy to oscillatory movements propagated along the cellular tissue, and cites as proof the fact that many cases of abscess are translated from part to part in this substance ; but this doctrine is now abandoned.

Those who have represented the vascular system as the agent of sympathies, explain some instances by the anastamosis of bloodvessels, especially of the arteries ; the connexion between the uterus and mammæ, and the parotids and mammæ, by sympathy, as also the vicarious hemorrhages that sometimes occur in organs remote from the primary affection.

But it is the nerves in an especial manner that, from the nature of their office, and their general distribution through the system, have been charged with being the agents of sympathies. They alone impart sensibility and contractility,—their nervous filaments penetrating all the organs and tissues, accompanying the vessels to their ultimate divisions, and forming frequent anastamoses with them. Moreover, a great proportion of the phenomena of sympathy are known and acknowledged to depend on their instrumentality.

Some objections have, however, been made to this opinion of the sympathetic agency of the nerves in all cases, a few of which it may be proper to notice. " A nervous trunk distributes its filaments to many organs, of which, one alone happens to be the seat of sympathetic phenomena;—why is it that all the branches are not irritated ?" If the organs are connected by nerves, why is it that two organs remote from each other are brought into sympathetic action, and not the intermediate ones ? " Whytt attached great importance to what he considered an established anatomical truth, viz., that each filament has two extremities, one in the brain, the other in the organ to which it is distributed; and that it has no communication in its passage with the other filaments accompanying it, but is separated from them throughout its track."

In reply to these objections, it should be observed that since they were offered, anatomy and physiology, as well as pathology, have made astonishing progress generally, but especially in relation to the distribution and connexions of the nerves, and that every new step has been attended with some new demonstrations of the nature of sympathies, as connected with nervous communication. Mr. Hunter made some discoveries, and Mr. Charles Bell has been particularly successful in disentangling the complexities of the nervous system, and in drawing out many threads that before seemed inextricable, and has shown that many sympathetic phenomena, which before his time were termed remote, are unquestionably owing to direct nervous communications. The French physiologists have likewise been diligent and successful in the same pursuit. M. Broussais has demonstrated, to his own satisfaction at least, that all sympathies depend on the sympathetic nerve, diffused throughout the system, and communicating everywhere by ganglions with the sensorial nerves. His views, as given by Merat in the Dictionary of Medical Sciences, p. 551 and 2, are worthy of being transcribed.

"On sait, surtout depuis les écrits de ce médecin, que les organes d'espèce différente qui constituent par leur ensemble le système nerveux, ont entre eux des rapports fréquens et intimes; que chaque sensation extérieure est transmise au cerveau par les nerfs qui partent de ce siège principal de la puissance nerveuse et de la moelle épinière, parvient dans les nerfs des ganglions et les suit jusque dans les tissus où ils se terminent; que le nerf trisplanchnique fait connaître à la masse encéphalique les impressions diverses reçues par les viscères; qu'ainsi le cerveau correspond avec les viscères, et que les deux ordres de nerfs s'influencent réciproquement. Le nerf trisplanchnique, placé le long de la colonne épinière de l'un et de l'autre côté, a spécialement les viscères sous sa dépendance; il envoie de nombreux filets dans leurs tissus; il accompagne les vaisseux sanguins dans tous les organes. Ses ganglions sont, aux yeux de M. Broussais, autant de points de convergence; c'est là qu'aboutissant les mouvemens ou impressions qui parcourent les cordons nerveux; c'est par eux que les viscères sont associés les uns aux autres dans leurs actions organiques. Une particularité qu'il importe de signaler, c'est lé nombre infini des anastamoses ou communications qui existent entre le nerf trisplanchnique et les nerfs qui appertiennent au cerveau et à la moelle épinière. M. Broussais pense et démontre que les nerfs des ganglions n'ont pas été créés uniquement pour modifier les sensations qui, du cerveau, parviennent dans les viscères, ou qui des viscères sont réfléchies au cerveau ou pour faire exécuter directement des mouvemens voluntaires; mais que c'est bien plutôt pour déterminer des

mouvemens indirects par l'influence réciproque des deux ordres de nerfs. Le nerf trisplanchnique commande les contractions des muscles des viscères ; il les rend indépendantes de l'influence du cerveau ; il est l'intermédiaire obligé des mouvemens musculaires qui ont lieu dans les viscères, lorsque ceux-ci ont reçu du *sensorium commune* une impression reçue par les sens externes ; il a pour destination spéciale d'établir des relations entre les viscères et le centre sensitif ; tandis que l'appareil cérébral a la double fonction de correspondre d'une part avec lui, de l'autre avec les objets extérieurs. Le cerveau agit sur les viscères par le moyen du nerf trisplanchnique ; le nerf trisplanchnique agit sur les muscles des mouvemens voluntaires avec le concours du cerveau.

"Tous les organes, tous les tissus, sont liés par les nerfs, sont animés par eux ; une harmonie admirable les unit ; ils peuvent tous s'influencer réciproquement ; ils se prêtent de mutuels secours; ils souffrent tous plus ou moins d'une maladie qui n'affecte que l'un d'eux : en est-il qui soient privés des nerfs ? L'induction et des travaux anatomiques, qui paraissent exacts, ne permettent plus de le croire. Cette association de toutes les parties de l'economie animale déjà évidente, dans l'état de santé, l'est bien davantage dans celui de maladie; alors elle se déclare par les phénomènes sympathiques qui en sont l'expression la plus forte."

"Il est impossible de concevoir (says Merat, p. 599) l'exercise d'aucune fonction sans l'intervention des nerfs, surtout les sympathies ; tout porte à croire, dans les idées reçues aujourd'hui, qu'ils sont les agens exclusifs de ces phénomènes singuliers, et que le centre sensitif n'est point étranger à leur exercise. Nous n'affirmons rien, car on manque de données positives pour décider la question ; on ne la juge que par des probabilités bien imposantes, il est vrai, mais qui n'équivalent pas à la certitude."

Another theory advanced before the time of Broussais, is that of Bichat, which refers all sympathies to the vital properties. After adverting to the attempts made to explain them by continuity and mediation of cellular tissue, by that of the membranes, by the circulating system, and by anastamosis of nerves, with or without affection of the brain, and showing the fallacy of each hypothesis, he concludes that it is improper to consider sympathies in a general manner as subordinate to any single texture and chain of actions, and that, in order to determine their cause, they should be divided in the manner he has done the vital properties. "We know," says Bichat, "the innumerable phenomena which arise from the disappearance of herpes, the itch, &c., imprudently produced ; in all these cases it does not appear that morbific matter is carried to the other organs, though I do not pretend that this never happens. It is the vital forces of these which are raised, and which then occasion different accidents : now as these forces vary in each system, those accidents will be essentially different ;—thus, the same morbific cause disappearing from the skin, will produce vomiting, if thrown upon the stomach, in which the sensible organic contractility predominates,—pains, if it goes to the

nerves, which are especially characterized by animal sensibility, —derangement of sight, hearing and smell, if it affects the various nerves of these senses,—hemorrhage, catarrhs, phthisis, tubercles, inflammations, &c., if it attack the mucous surfaces, the lungs, the serous membranes, &c.; in all which, the organic sensibility is much raised. Now, if the same morbific matter carried upon these different organs produced these accidents, they ought to be uniform. Do not their variety, and especially the constant analogy which they have with the predominant vital forces of the organs in which they appear, prove that they depend upon the state of their vitality at the time in each ?" A few remarks in favor of this theory, will follow the brief notice we have to give of one other hypothesis, which is founded on the humoral pathology.

From the earliest ages of medicine, cutaneous diseases have been referred to peccant humors, which nature has successfully expelled from the more central parts of the body through the circulation to the capillary vessels upon the surface of the body. Many internal disorders were attributed to their retention or their repulsion, inwardly, from the surface. M. Corvisart attributed to this cause scirrhous and glandular tumors, and he asks to what other kind of cause can be attributed the development of a number of organic diseases of the heart, the erosion of the interior surface of the viscera, of the coats of the bloodvessels, the singular spots of the internal membranes, and of the lining tunic of the intestines and their erosions during fevers,—whether the humor be psoric, herpetic, or venerien ? The same opinion was entertained by Sydenham ; and indeed this remnant of the humoral pathology has had more or less advocates in all ages : it forms the basis, in some measure, of Mr. Dendy's recent valuable work "On the Cutaneous Diseases incidental to Childhood," and it is so incorporated in our mode of thinking and expressing ourselves upon such diseases, that almost every practitioner, however averse to the humoral pathology, and inclined to the doctrines of solidists or vitalists, is in the habit of expressing himself after the manner of the humoralists. It would be out of place to review the endless disputes of the two classes of theorists ; yet, in reference to cutaneous diseases, it may not be amiss to glance at the doctrines of each by way of comparison.

The phenomena of this class of diseases are more satisfactorily explained upon the theory of Bichat than upon that of the humoralists. It accounts better for their reciprocal influence with diseases of the internal organs, and also for the modus operandi of counter-stimulants applied to the skin and gastric viscera. The intimate sympathy subsisting between the skin and mucous membrane, is founded, according to Bichat, upon the similarity of structure and functions of these tissues, as secreting and absorbing organs, and the corresponding degree of vitality with which they are endowed. Being by these circumstances more in relation with each other, morbid impressions received by one, are more readily extended to the other than to parts which are in these respects dissimilar. So, also, when the exciting cause is removed from the radiating centre, the sympathizing organ is relieved simultaneously. Again, when the skin is affected with a local disease, as scabies, the gastric organs, by the gradual manner of its accession, become accustomed to its stimulus, and are not roused into morbid sympathetic action; but when the eruption is too hastily cured, the sudden removal of such a stimulus, to which the gastric organs have from sympathy been long accustomed, produces an impression of faintness and a sinking sensation in the region of the stomach. Now that these are not owing to a repercussion of the eruption upon the internal organs, as the humoralists would maintain, but merely the abstraction of a stimulus, is proved by the fact that the sudden removal of lice from the skin has produced corresponding symptoms upon the internal organs.*

The sympathies manifested during the action of medicines called counter-stimulants on the mucous membrane of the stomach and intestines, or upon the skin, are better understood upon the theory of Bichat. Medicines are rarely applied upon the diseased part, but to organs which sustain relations with it. We give purgatives in apoplexy, emetics for headachs, the croup, and other species of angina;—we apply blisters in ophthalmia and pleurisy and rheumatism, and moxa and issues in diseases of the hip-joint, and in psoas-absess. Now neither of the foregoing doctrines explain the effects of these remedies, nor do they furnish such useful guides generally, in practice, as the theory of Bichat.

Compared with that of Broussais, which refers all sympathies to nervous communications by the ganglionary system, it elucidates the varied character of cutaneous diseases more clearly, and accounts for some phenomena which by that theory are inexplicable. Thus, the fact that diseases of certain tissues are radiated by sympathy to tissues possessing corresponding degrees of vitality remotely situated, as from the skin to the mucous membrane, and vice versa, is a legitimate inference from Bichat's theory; while that of Broussais would, a priori, lead to the different conclusion that intermediate parts would, in most instances, be soonest affected. The fact also before adverted to, that cutaneous diseases, imprudently repelled, vary in respect to their effects according to the debility and consequent susceptibility of the sympathizing tissue or organ, is better understood on Bichat's theory, by which there is supposed to be an aberration of the vital forces from the usual state of them in the sympathizing organ, which brings it more in relation with the organ primarily affected than other organs are, and consequently into sympathetic action. For example, the sudden repulsion of a cutaneous disease ordinarily produces derangement of the stomach, or of the mucous membrane of the lungs, for reasons just stated ; but if the bladder has, from previous or present disease, been brought more in relation with the skin, this may, in the form of vessical catarrh, assume the disease when driven from the skin, and the stomach and lungs thereby escape.* The muscles which ordinarily have but little morbid sympathy with the stomach, may, from debility, become the seat of the sympathetic affection, in the form of chorea, from suddenly repelled cutaneous diseases, and the stomach, lungs and bladder escape.† Now the distribution of the nerves being the same in disease as in health, we should hardly expect this variableness in the seat and nature of the sympathetic affection, if they are the sole medium of sympathy, while, by referring the phenomena to the aberration of the vital forces in the affected organ, would give a more satisfactory explanation.

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* "Dr. Fay, while a resident practitioner in Boston, was called to two African children, who were covered over their whole bodies with *body lice*. He ordered them to be immediately washed all over with warm soap-suds, with a view to the destruction of the vermin. The *sudden* removal of the irritation by the *sudden* destruction of the vermin, additional to the *warmth* of the water, suddenly checked the motions of life, and the children dropped down and expired immediately."—(Shattuck's Prize Dissertation, p. 117.)

But, after all, it is not too much to expect, judging from the progress made, within a few years, in ascertaining the distribution and varied appropriation of the nerves and the sympathies that are now known to depend on them, that future investigations will farther elucidate the subject of sympathy, and establish it upon the basis of nervous communication. But, in the present state of our knowledge, it seems preferable to regard morbid sympathies in the manner pointed out by Bichat. He maintains that there are four kinds, depending on animal sensibility and animal contractility, and on organic sensibility and contractility, but that the causes of the two latter or the organic kind, which are the ones concerned in diseases of the skin, are absolutely unknown, " et un voile epais recouvre les agens de communications qui lient dans ce cas l'organe d'où part l'influence sympathique à celui qui la reçoit."

When the skin or an internal organ radiates its' diseases from one to the other by sympathy, it may do this partially or entirely ; —there may exist an equal and simultaneous participation in both organs, or there may be an entire transfer of it from one to the other by what is termed *metastasis*. On this fact is founded a distinction of some importance to be observed in practice, and which conveniently divides sympathetic diseases of the skin, of a non-contagious character, into two classes, viz., *symptomatic* and *metastasic :* the former including those which coexist with an internal disease, as the eruptions produced by teething, which come and go with the irritated and inflamed gum, and those caused by gastric irritation, &c. ; the latter including those that are occasioned by an entire transfer of internal disease to the skin, as critical abscesses in the form of carbuncle, furunculus, cutaneous ulcers, some cases of herpetic eruption, &c. &c. The same distinction applies to diseases transferred from the skin to the internal organs. These may take place partially, or their severity upon the skin may be such as to produce fever, and in both cases the internal disorder may be termed symptomatic; or, the whole disease may be transferred, as when erysipelas or other severe cutaneous disease is suddenly and entirely repelled, and an internal organ becomes diseased; this affection may be termed *metastasic*.

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* " Tous les points de l'economie (says Piorry, an eminent French physiologist), peuvent être modifiés à la fois par une cause agissant sur l'un d'eux, et cette modification peut ne pas produire d'effet apercevable sur le plus grand nombre d'entré elles, tandis que dans le tissu de la partie dont le mode de sentir sera plus en rapport avec l'impression communiqué il pourra se manifester une alteration plus ou moins profonde.

† It is worthy of remark, that we generally meet with chorea in patients wanting muscular tone,—in young females who have not enjoyed sufficient exercise in the open air.

It is not to be understood, even upon the theory of the humoral pathology, that the sympathetic disease is the same in character as the primary one. The difference in organic structure, as well as function and properties, between the internal and external organs, prevent such a conformity and similarity in their respective diseases. The true skin is everywhere covered with a cuticle, under which morbid lymph and other fluids collect in vesicles, larger or smaller, and constitute a great proportion of cutaneous diseases; but upon the serous membranes no such cuticle exists, consequently no such vesicles can form,—the degree of inflammation which would produce eruptions upon the skin, would here produce an increased effusion of serum, or perhaps of coagulable lymph. M. Alibert has fallen into an error on this subject, when he concludes that three cases of ascites, which occurred soon after an hastily cured eruption, could not have been caused by metastasis, merely because the peritoneum exhibited nothing of the eruption. He should have recollected that the structure of the serous membranes would admit of no such eruption, but that, in place of it, an increased effusion of lymph, constituting dropsy, was the very effect he should have expected from such a metastasis. The mucous membrane (with the exception of aphthæ) rarely exhibits cutaneous eruptions under its epithelium.

Internal sympathetic diseases from repelled cutaneous affections, vary exceedingly in their character, according to the texture and functions of the part affected, and to the relations it sustains with other parts. Those organs that are covered with the mucous and serous membranes are affected with phlegmasiæ; the cellular texture with abscess; the glandular with tumefaction and suppuration; the muscular with spasmodic affections; the nervous with palsy, epilepsy, mania, &c. It would be a difficult task to enumerate all the individual diseases that metastasis from the skin may occasion. Of the acute kind it may be said that they take place in almost every texture and organ of the body, and the technical names of them are in most instances derived from the organ affected. Of the chronic kind may be mentioned most of those which were acute in their commencement, but have, by neglect or ill treatment, been prolonged till they have become chronic, and perhaps essentially changed in their nature. It would be useless to cite authorities to support the opinion that internal affections are caused by sympathy of the organs where they are seated with the skin, since numerous cases are stated by almost every systematic writer on cutaneous diseases, and they are to be found interspersed throughout almost every work on pathology and therapeutics.

A few cases that have occurred within my own observation serve to illustrate the foregoing positions, and may be worthy of a brief recital.—Mr. W. B. suffered severely, during several successive winters, with an impetiginous eruption of the face and hands, and sometimes covering the arms. It was in the form of a humid tetter, and attended with severe itching and irritating discharge, and partially disappeared and returned with great severity every few days. A partial removal of the affection was invariably followed .with pain and sense of tightness in the head. A chronic catarrh commenced early the present winter, which has continued unabated during five months, in which time he has had no cutaneous disease, and expresses himself as satisfied with the compromise.

Cases of erysipelas suddenly repelled, affecting the brain, are well known to the profession. This is most likely to happen when repelled from the face. When repelled from the lower extremities, it is said to tend more to the peritoneum ; and one or two cases are on record where it has passed from one to the other several times successively. I shall mention only one case of metastasic erysipelas.—Mrs. L., an aged lady, of apoplectic make, was suddenly attacked with severe pain in the head, which soon induced lethargy. I was called, and treated the case as apoplectic, by venesection, cathartics and blisters,—shaved and blistered the head, and opened the temporal artery. She remained comatose three or four days, when her nurse informed me of an eruption upon the abdomen. On examination, I discovered it to be erysipelas, extending from ileum to ileum, and to the pubis. It increased a little until she gradually sunk into fatal apoplexy, about the eighth day from the first indisposition, and fourth from the appearance of the erysipelas. A circumstance worthy of notice in this case, was the first appearance of disease in the head, and subsequently upon the surface,—showing that it may be radiated either way, though more generally its metastasis is inward *from* the skin. It is probable that nature here attempted a metastasis outward ; but because of the vital importance of the organ attacked and oppressed, the salutary efforts of the system to this effect were interrupted, and the prophylactic process failed.

The repulsion of acnè, or pimples upon the face, by cosmetics, has been decried as fraught with danger.—Miss H., aged about 18 years, was advised by an irregular practitioner to apply a repellant lotion for a pimpled face, which soon disappeared, but was followed by a numbness in the fingers of the left hand, which extended in a few weeks to the shoulder and to the lower extremity, attended with spasmodic contractions of the limbs. Blisters on the back of the neck, with a mild mercurial course, produced some abatement of the symptoms. But they soon returned with increased violence, and affected the other side with the same symptoms, and finally ended in palsy and fatal convulsions, about six months after the repulsion of the cutaneous eruption. We cannot speak decidedly in such cases of the pathological state of the parts, but it is probable that the brain and nerves were thrown into disorder by a compression of their investments. In children, the sudden removal of cutaneous diseases has caused epilepsy and hydrocephalus.

We have said that the muscular texture may, from previous debility or other causes, be brought more into relation with the skin than the deeper seated organs, and become the seat of metastasis in the form of chorea. Darwin relates three cases of chorea, caused by a hasty removal of long protracted psora, which were immediately cured by re-inoculation. The same cause has in other cases produced phrensy and hepatitis. I have met with one case of prurigo in a young female, the sudden removal of which caused an extremely obstinate chorea.

M. Corvisart attributes many cases of structural diseases of the heart to metastasic affections from the skin. Otitis and abscess under the ears, often follow the sudden suppression of cutaneous eruptions from the scalp. Ophthalmia, too, will oftentimes alternate with cutaneous diseases. I say *alternate*; and probably this term is more appropriate than *transfer*, *repulsion* and *translation*, from part to part, which I have used in obedience to custom, although derived from the humoral pathology, which I have found so much fault with as explanatory of the phenomena of cutaneous diseases.

We have confined our attention to organic or visible diseases of the skin, as influencing the internal organs. There are, however, functional diseases of like tendency, one of which is habitual sweating, oftentimes of a part only, as of the hands and feet, the head or breast, and which, if suddenly arrested, may occasion great internal disorder. Several cases are recorded in Vol. 33 of Dic. des Sciences Medicales, article Metastasis, of various internal disorders thus occasioned, some of which proved fatal.

When diseases of the skin are symptomatic of internal derangement, they vary less in their character than those of the internal organs do when sympathetically affected. This is what might be expected from the circumstance that the seat of disease, in the one case, varies exceedingly in structure and function, and, in the other, is confined to a part nearly similar in structure and function throughout. Still, however, the same exciting cause acting upon an internal organ, will produce various symptomatic diseases in different individuals. "Thus, certain substances which suddenly derange the organs of digestion, sometimes produce urticaria, sometimes roseola, and sometimes even psoriasis and lepra; yet each of these shall retain its specific character, and follow its peculiar course."

Sympathetic diseases of the skin vary somewhat in their nature and appearance, according to the organ primarily affected. There are certain eruptions peculiar to gastric irritation, as rashes, red gum, and the stone-pock of habitual inebriates; others to hepatic derangement, as rosy-drop of drunkards;—some, as furunculus, anthrax, and constitutional periostosis, and some cutaneous ulcers, seem to depend on constitutional derangement, and appear to be a concentration of general derangement upon a part less essential to life.

The tendency to alternation of their diseases, between the skin and *particular* internal organs, rather than others, is sometimes owing to habit. When such alternations have once taken place, they are more likely to recur again in the same parts. "C'est une chose vraiment singulière, et que l'observation a depuis long temps confirmée, que cette tendance des métastases à s'opérer sur des parties où elles ont déjà existé, et plus elles s'y sont opérées de fois, plus elles s'y renouvelleront avec facilité. Cette seule cause suffit même quelquefois pour les y déterminer, lorsque aucune autre ne paraît les avoir provoquées. Il n'est pas même nécessaire que cette circonstance ait lieu récemment ; la tendance existera dans un temps assez éloigné ; car la nature n'oublie rien."

Every practitioner must have observed that sympathetic diseases have a great tendency to establish themselves upon an organ that is in a state of debility, from whatever cause. Such organ seems intimately connected with all others, and ready to assume all their diseases. "Si quæ pars aute morbum laborârit, ibi morbi sedes erit," says Hippocrates. It is thus that a settled weakness of the lungs or of the stomach places those organs more in relation with morbid impressions made on any other organs, and more ready to assume or participate in their diseases.

In respect to the seat of those cutaneous diseases that tend to metastasis, it is worthy of remark, that this varies in some degree in different ages. We know that different parts of the system vary in respect to their development and degree of vitality in different ages, and wherever this predominates most, there is, in consequence of it, a greater susceptibility to morbid action. This remark was made by Hippocrates, and is confirmed by pathological observations. In infants, the head is the seat of this excess of vitality, and in them it is the seat of metastasic affections, as scald head, crusta lactea, &c. "Les depôts sur cette partie sont très-fréquens alors, parceque, outre la facilité qu'ont les causes inflammatoires à s'y établir, elles ont une marche extrêmement rapide, en raison même de l'énergie vitale ordinaire à cet age. Les éruptions de tante nature qui affectent les enfans en sont une preuve ;—*—aussi sont elles le plus ordinairement salutaires, et doit-on les respecter, leur repercussion étant le plus ordinairement suive des symptômes les plus fâcheux. Les systèmes glanduleux et cellulaire de cette partie, jouissent aussi de la plus grande activité, et c'est ce qui rend raison de l'innombrable quantité de petits dépôts qui se forment dans les glandes maxillaires autour des oreilles," &c. After the first years of infancy, the excess of vitality about the head is comparatively lessened, and the metastasic affections are diminished. In succeeding years, the lungs and larynx are enlarged and invigorated by exercise, and, during youth, are more subject to metastasic affections. It is not improbable that the frequent appearance of croup is attributable to this greater susceptibility to metastasic affections. The superior degree of vitality and of vascular action of the face, accounts for the fact of its being so often the seat of eruptions, as acnè and erysipelas. The capillary circulation is there greater and freer, and is constantly excited by changes of temperature, and by the emotions and passions.*

The diagnosis of sympathetic cutaneous diseases, and of those internal diseases that result from sympathy with the skin, is not always easy to establish. This is more difficult in the former than in the latter kind. Hence it is that the cause of many cutaneous affections is involved in obscurity; some attributing them to sympathy, and others to local causes, whilst the internal alternation or assumption of the external disease is soon known by the magnitude of the evil it produces. Even the repulsion of acnè, or pimples of the face, produces very sensible derangement in the central organs, as heat and uneasiness about the precordia, and sometimes more formidable complaints upon the nervous system. The case of Miss H., which terminated fatally, is not the only one of the kind that has occurred. The fact of the sudden disappearance of a cutaneous disease being followed by internal derangement, is sufficient, in most cases, to establish the relation of cause and effect between the external and internal disorder. Sometimes, however, the internal disorder, from the comparatively low degree of vital activity of the part it occupies, is a long time in making its appearance,—as where syphilitic eruptions are suddenly suppressed, and the periosteum and bone alternate and assume the disease. Metastasic abscesses, as anthrax and fistula and benign buboes, are slow in forming. But where vital organs, or the serous or mucous membranes, alternate with the skin, the indications of it are more immediate.

In what cases is it unsafe to attempt the cure of cutaneous diseases by local treatment alone? This is an important question to decide, but is rendered difficult and perplexing by circumstances of difference in constitutions, founded on age, peculiarity of temperament, hereditary predisposition, and idiosyncracy. Generally speaking, however, it may be said that in all cutaneous diseases of a sympathetic character, whether they be symptomatic or metastasic,—as those that proceed from teething of children, from gastric irritation produced by crudities, from acrimony or from worms in the stomach and bowels,—our treatment should be directed to the organ primarily affected, and to the removal of the local cause. Under this head may be included all acute diseases that are not contagious, and for which there is no assignable cause, and chronic cutaneous diseases that have been preceded by or are attended with internal disease. This would comprise,—

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* "I will add another essential observation in respect to the facial capillary system; it is that it appears that its tendency to receive blood, disposes it to become the more frequent seat of many affections. We know, 1st, that erysipelas is much more frequent in this than in the other parts; 2d, that the variolous pustules are remarkably conspicuous here; 3d, that many eruptions are more abundant here than elsewhere.—(Bichat, page 273, Vol. III.)

1. Infantile eruptions, as strophulus or red gum (or gown), and tooth rash, &c., which proceed from dentition or gastric irritation, before mentioned.

2. Prurigo, a severe itching, and colorless pimples, often preceded by sickness of the stomach, gastrodynia and headach, and which occur after the first years.

3. Crusta lactea, occurring on the head and face during lactation, and oftentimes caused by deteriorated milk.

4. Follicular tumors, caused by an obstruction of the sebaceous glands, sometimes from neglect of cleanliness, but more commonly by "some derangement in the digestive organs." They include —a, crinones, or grubs, where the sebaceous matter "is retained, from a deficiency of action in the follicular vessel,"—the back of a sucking infant being sometimes thickly studded with them in the form of whitish elevations;—b, follicular wart, "usually situated on the cheeks, temples or forehead, and occurring in children from two to six years of age," and "are disposed to suppurate from errors in diet;--c, acnè simplex and acnè punctata, which are slight circular elevations of the cuticle, termed by some authors vari, —appearing singly or in clusters, and sometimes surrounded by a dusky discoloration,"--sometimes, but not always, depending on gastric irritation, and occurring mostly towards the age of puberty, particularly in females: the common appellation is pimpled face; —d, sycosis capillitii, "which consists in an obstruction of the follicles on the hairy scalp in children."

5. Phlegmonous tumors of various kinds, which, with the exception of those produced by local causes, "are real indications, in most instances, of an internal or constitutional disturbance, from which the system has attempted to relieve itself by topical concentration.

6. Urticaria, or rash, caused by crudities or irritating food, oftentimes by fish, sometimes by indigestion from teething,--occurring, however, at any age, and in adults from cold drinks, when heated.

7. Impetigo, a pustular or humid tetter, which, though pathologists disagree about its symptomatic character, is found, according to Dendy, to require internal remedies.

8. Herpes or shingles, and vesicular ringworm, often, but not always, referrible to derangement of the stomach or other alimentary viscera, and always most successfully treated by gentle laxatives.

The above are considered by Dendy and Plumbe, and most other writers, as symptomatic of disorder in the alimentary viscera. Another class of Dendy comprises those that are connected with a deranged state of the chylopoietic viscera, and are usually marked by debility. These consist of,—

1. Aphthæ, which is confined mostly to the mucous membrane of the mouth and alimentary canal—sometimes to the cheeks.

2. Rupia and ecthyma, consisting of vesicles and pustules, and both terminating in circular, imbedded incrustations, and "occurring in infants during the period of lactation, from deficiency of nutrition, or unhealthy qualities in the milk,"—sometimes produced by obstruction or obliteration of the lacteal glands.

3. Purpurea, "consisting of small red points, termed *stigmata*, or small purple spots or petechiæ formed by the coalescence of the stigmata, sometimes of ecchymoses, or vibices." It includes two kinds, simplex and hæmorrhagica, and may proceed from imperfect assimilation of food.

4. Pemphigus, a vesicular eruption attended with great prostration of strength. Its pathology not well understood.

5. Icthyosis, or fish skin disease, "a peculiar deposition of diseased cuticle." "In the treatment of which," says Dendy, "we should always administer internal remedies."

6. Cloasma, a symptomatic discoloration of the skin, resembling sun spots, "frequently," says Dr. Hall, "the effect of a loaded condition and impaired function of the alimentary canal," and of protracted hepatic derangement.

7. Nomè, a gangrenous erosion or ulceration, or a spreading canker of the mouth, not a common disease, occurring "in weakly children who have been deficiently fed, and who have been previously reduced by disease."

8. Œdema cellularis, or skin bound.

There is a third class of diseases usually symptomatic, but arising also from extraneous excitement; depending probably on peculiar idiosyncrasy.

1. Roseola, or rose rash, "an efflorescence, of a rose or light crimson color, symptomatic of derangement of the visceral functions or of dentition."

2. Erythema, a diffused redness of the skin. "It is commonly evanescent when arising from derangement in the primæ viæ, appearing at irregular intervals."

3. Eczema, an eruption of small pearl colored or brownish vesicles. "In some children internal irritation will frequently produce it." But the most common cause is draughts of cold water, or acid or subacrid fruits, if swallowed in the heat of summer. The disease is then termed surfeit.

4. Pityriasis, consisting of progressive laminæ of thin scales, which enfoliate, called dandriff.

5. Psoriasis, or scaly tetter, resembling lepra, but attended with more vascular action, often hereditary, and requiring that "the bowels be kept open" during the treatment.

6. Porrigo, or scald head, and ringworm of the scalp, scarcely at all depending on internal disease.

7. Paronychia, various kinds of felon and whitlow; though sometimes of constitutional origin, scarcely ever requiring internal remedies.

8. Lepra, leprosy, of various names according to the part affected, rarely requiring internal medicines.

9. Erysipelas, sometimes proceeding from gastric irritation, but depending more on peculiarity of constitution. In either case, if extensive, it is unsafe to attempt the cure by local applications.

10. Miliare, an eruption of minute pearl-colored vesicles, is of rare occurrence.

11. Pompholyx, consisting of bullæ or blisters, sometimes appearing during teething, and sometimes occasioned by swallowing cold water in the heat of summer.

To the foregoing cutaneous diseases, most of which are generally sympathetic, and which occur, most of them, in adults, may be added some others which are peculiar to adults.

1. Lichen, an extensive eruption of papulæ, connected with internal disorder, usually terminating in scurf, recurrent, consisting of seven species, most of them characterized by heat and itching.
2. Ionthus, or stone pock, peculiar to inebriates, and produced by sympathy of the skin with a torpid state of the stomach.
3. Ionthus corymbifer, or rosy drop, or rum blossom, produced by sympathy of the excernents of the skin with the liver.
4. Chronic ulcers of the lower extremities.
5. Anthrax.

Although most of the foregoing sympathetic diseases may be termed symptomatic on their first appearance, coexisting as they do with an internal affection, yet many of them, even while recent, may with advantage be separated from the list and termed metastasic, because they are a concentration of the whole internal disease upon the skin. Of this description are those cutaneous eruptions that occur on the crisis of fever, and other severe constitutional diseases, tinea capitis, and other chronic eruptions of childhood, and all those which are attended with entire relief to all the internal organs,—erysipelas when preceded by constitutional derangement,—rose-drop and anthrax. To these should be added those chronic eruptions and ulcers of adults, whether constitutional or local; for if they are of long standing they are associated with the animal economy, and their sudden removal would produce metastasic affections upon some internal organs. Psoriasis and lepra, that are hereditary, or of very long standing, although attributable to no internal disorder, will be apt to produce one, whenever a successful attempt is made to remove them suddenly. Even habitual sweats cannot, as before remarked, be suddenly arrested with impunity. In short, all chronic cutaneous diseases that are local in their commencement, may prove metastasic in their effects if suddenly removed.

I have said that the division of sympathetic cutaneous diseases into symptomatic and metastasic, is of some importance in their treatment. In those termed *symptomatic*, we are to attend to the state of the organ whose disease caused, and continues to prolong, the cutaneous affection. When that is removed, the symptomatic disease of the skin, if recent, soon disappears, and a hasty repression of the latter, without regard to the primary affection, may be followed by an aggravation of it, or by metastasis of the cutaneous affection to some other more important organ. Thus, erysipelas upon the face, excited as it in many instances is by gastric irritation, may be repelled to the brain, and prove fatal. All those cutaneous affections of children caused by gastric irritation or by teething, will, if subjected to a repelling treatment alone, either aggravate the primary affection, or produce a metastasic affection in some other organ.

But in respect to those cutaneous diseases that are *metastasic*, whether so in their origin, as in critical eruptions, abscesses, ulcers, glandular swellings, &c., or are likely to become so from their long, and consequently habitual influence upon the constitution, as long existing issues, chronic ulcers, carbuncles, rose drop, &c. they are salutary in their effects, are real prophylactics, and to be treated with respect proportioned to their age and magnitude,—are not to be attacked in front and driven in upon the central organs, but are to be approached through the medium of the circulation, or through other sympathies, by alteratives, countervailing irritations and artificial drains, by sudorifics, diluting drinks, chalybeate medicines, mineral tonics and strict attention to diet, conjoined with vapor bath and frequent ablutions ; in short, by whatever will improve the state of all the functions. When these affections, or those chronic eruptions of local origin, that have by their age become associated with the animal economy, as long protracted itch, lepra vulgaris, &c. &c., are suddenly repelled by accident or injudicious treatment, and internal disorder ensues, a substitute is to be made in the form of blisters or issues, proportioned in magnitude to the first affection and to the danger it threatens within.

II.

A SKETCH OF THE LIFE AND CHARACTER OF JOHN ARMSTRONG, M.D.

THE following account of a physician with whose writings every member of the profession is familiar, we copy from the Western Journal, a work sustaining a high character among the best periodicals of the day. The facts from which the biography was drawn, were gathered from a longer and more elaborate history of Dr. A. published in the London Quarterly.

Dr. John Armstrong, one of the most zealous and illustrious cultivators of medical science—a popular teacher, an admired writer, and a successful practitioner—died on the 12th of December, 1829, a martyr to his professional and scientific pursuits.

The original education of Dr. Armstrong, both medical and classical, was very limited. His natural abilities and his great industry and observation, however, soon abundantly supplied this defect, and his writings evince a very intimate acquaintance with the principles of his profession, and with subjects of more general interest. Indeed, in the pursuit of a profession where knowledge can be of little use until personal observation has directed its practical application, the want of professional learning was of comparatively little consequence to a mind like his, fitted by nature with peculiar talents for the investigation of disease.

His "Practical Illustrations of Typhous Fever," the work in which he published the principles and practice upon which his fame principally rests, was published in 1816. Two years afterward, encouraged by the favorable impression he had made upon the profession, he removed to London, and shortly after, a vacancy having occurred in the London Fever Hospital, he became a candidate for the appointment of physician to that institution. The canvass having commenced, he offered himself to the College of Physicians for examination, and for a license. For some reasons, which have never been explained, he was rejected,—the crisis of his fate was at hand, and the irretrievable ruin of his professional prospects must have appeared to be the inevitable result. But public feeling reacted strongly in his favor, and the event which threatened to blast his prospects was the means of accelerating his elevation. Not only was he elected physician to the institution, with a full knowledge of his rejection by the board of censors, but a great many practitioners interfered in his behalf, and materially promoted his introduction into practice. Great as Dr. Armstrong's talents certainly were, assisted also by his most interesting manners, his social virtues, and by the most consummate tact and worldly wisdom, his unexampled success in his professional pursuits can only be explained by the strong interest excited in his behalf, in consequence of this unjust decision.

Not satisfied with having secured a very extensive and lucrative practice, he directed his attention to delivering a course of lectures, in which he proved eminently successful. His high reputation, his animated and eloquent manner, his plausible opinions and ingenious disquisitions, illustrated and defended by the results of his extensive and accurate observation, together with the practice of elucidating his lectures by numerous drawings and preparations, soon procured him a larger class of students than that of any other physician in London.

The publication of Dr. Armstrong's Lectures is said not to have enhanced his reputation among those members of the profession who were best qualified to judge of their merit. The cultivation of the branches of science subsidiary to medicine has so far extended the field of study, that no person, however great his genius and extensive his acquirements, can expect to maintain, in a course of lectures, the reputation he may have acquired by concentrating his labors upon a single subject. Retailing, as he must to a very considerable extent, the observations, opinions and practice of others, he loses the interest of originality, and the confidence arising from personal observation.

His lectures, however, served to extend his reputation and practice. The proverbial facility with which the minds of youth adopt the views of their instructers, applies with peculiar force to students of Medicine. The principles of the profession, depending not upon obvious and familiar facts, but upon observations intricate, complicated and indefinite, afford to the ingenious professor an opportunity of imposing his peculiar views to an unlimited extent. And further, the student, dependent on his preceptor's assistance in every stage of his progress, very generally becomes attached to his person and overrates his talents.

Dr. Armstrong never exhibited the marks of a sound constitution. He was always delicate, and frequently affected with a cough, which he attributed to a catarrhal affection, but which, in all probability, arose from an hereditary predisposition to consumption. From the great number and hardness of the tubercles which were found in his lungs after death, they probably had existed from childhood. That they should have been excited into such fatal activity at so late a period of his life, can be accounted for only by the great labor which he imposed upon himself. An extensive practice, to which he paid assiduous attention; lecturing in a confined and unhealthy situation during the whole year, and frequently several times in the same day; the inhalation of putrid effluvia during the examination of morbid parts, together with the great excitement into which he worked himself in every lecture, were more than sufficient to break down a constitution in which lurked already the seeds of a fatal disease. During the last eighteen months of his life, his disease, in the estimation of his friends, began to assume a very formidable character. In the course of the last summer, he was obliged to desist from lecturing, and retire into the country for change of air. After travelling a few weeks, he returned to London, apparently much improved in health, and in his own estimation quite well. In September he went to the north of England, his native country, and returned to the city in October much worse.

That incredulity which is characteristic of pulmonary affections, retained possession of the mind of this intelligent physician to the last stage of his disease. He would never admit that there was any serious disease of his lungs, and, even so late as November, authorized his friends to contradict such a report on his own special authority. He continued to ride out in his carriage until within ten or fourteen days of his death, which took place on Saturday, the 12th of December, in the 46th year of his age.

The emaciation was so great that no person could recognise the countenance of the living in the dead body. On examination, an immense excavation was found in the left lung, with tubercles and adhesions on the same side. The right lung also was studded with tubercles, some of them very hard, others beginning to soften down.

Few physicians, during their life time, have enjoyed the satisfaction of seeing their works so widely circulated, and their reputation so durably established. In his first and greatest work, the essay on Typhus, he has divided fever into three varieties, the simple, congestive, and inflammatory; in the first of which, general reaction follows the stage of depression; the second, in which the circulation is so much impaired during the cold stage, or the vital functions are so much oppressed by visceral congestion, that reaction cannot take place; the last, in which the fever is accompanied by inflammation, either produced by external causes anterior to, or simultaneous with, the general excitement--or arising, during the course of the disease, from high vascular excitement acting upon organs exposed to casual irritation, or suffering from the derangements of the circulation which have taken place during the cold stage. In his subsequent works, he has attempted to extend these principles of pathology to a variety of febrile diseases. Believing them to be correct, we have no disposition to compare them with the views of the French Pathologist, nor to dispute with the latter the exclusive merit of prescribing remedies upon rational principles. Convinced, however, that post-mortem examinations can only show the condition of diseased organs at the moment of death, we deny the right to infer from morbid anatomy the origin of fever; and, with a firm belief that these views are sustained by the order in which the symptoms succeed each other, we confidently expect that time will confirm the interpretation which pathologists have hitherto almost uniformly given to the phenomena of fever.

But it would be doing injustice to the memory of Dr. Armstrong, to rest any portion of his reputation upon his speculative opinions. Indeed, he has himself rather avoided them, treating them cursorily when they came in his way, rather as questions of curiosity than of practical importance. His descriptions of disease, clear, comprehensive and concise, indicate a mind capable of the most extended views in science, with a talent for the most minute and faithful investigation, and will be read with interest when the disputes which now divide the medical world shall be forgotten.

The practice which he recommended was energetic and decided, perhaps to an extreme,—combined, however, with that accurate investigation of symptoms, and that strict attention to subsidiary medicines, which must certainly have made him a safe and successful practitioner. The similarity of many of his theoretical and practical views with those of the late Dr. Rush, cannot have escaped the observation of any person familiar with the works of the latter; although the views of Rush, necessarily indefinite from his imperfect knowledge of the pathology of congestion, are often still further obscured by his peculiar and often unintelligible speculations.

It is now, we believe, generally admitted, that the typhous fever of this country seldom calls for the decided practice recommended by Dr. Armstrong. Dr. Rush found that the yellow fever changed its character so much in succeeding years, that he was compelled to modify very materially the practice which he found so successful in 1793; and it is generally believed that this illustrious man lost his life by attempting to apply the same practice to the typhoid epidemic which prevailed so extensively in the United States a few years ago.

In private life, Dr. Armstrong is represented as extremely interesting,—an eloquent companion, a generous rival, a warm and sincere friend. Very few would be inclined to suspect, from the tenor of his writings, that he was much inclined to speculation or hypothesis; yet in conversation and in his lectures, he is said to have embarked in discussions of this nature with great zeal, and to have brought to the support of his views, a body of facts and illustrations which he used with much facility and address. The activity and ardor of his mind, however, disposed him to the observation and hasty generalization of facts, rather than to the profound investigation requisite for constructing a durable system. From this trait of character, he was liable to fluctuate in his views; and, under these circumstances, his candor led him to renounce his opinions as hastily as he had adopted them. In his original essay on typhus, he made the fact of its arising from contagion a criterion of the disease. Subsequently he renounced this opinion, and considered typhus as a fever of malaria, disposed to assume the continued form, in consequence of the tendency to local inflammation. It is not so generally known that, in after life, his practice became cautious and even timid, and that cold drawn castor oil was made to supply the place of calomel and the lancet. Perhaps this change may, in some degree, be attributed to the different rank which his patients occupied in the later years of his life, they being probably drawn from the two extremes of society, and consequently requiring a more cautious treatment; but whatever may have been the cause, a prejudice thereby was raised against him, which rendered him averse to similar discussions. The fact may afford a striking lesson to the intolerant partisans of speculative opinions, and a still more useful caution to those who, from their success, are disposed to decry the practice of those who prescribe upon different principles.

In reviewing his career, we are disposed to regret that, by extending his labors so far beyond the limits of prudence, he should have deprived the world of his services just at the period when they were becoming most valuable. It may be urged, by those who estimate a man's usefulness by the result of his individual labors, that, by attempting less, he might have effected more; that, by directing his exertions to a more definite object, he might more effectually have advanced the interests of humanity, and have lived long, an ornament to his profession and a benefit to society. But when we reflect how few are willing to follow his example, and how many are unwilling to exert that labor and study which are necessary to qualify them for the emergencies of ordinary practice, our regrets may be diminished. The different branches of medicine are so intimately connected, that the accomplished physician must be familiar with the principles of them all. The temple of Medical fame has, by the united labors of numerous individuals, been raised to such an elevation, that he who would climb to the summit must be urged to unceasing exertion by every motive that can actuate the human mind. As an individual extends his reputation, his influence and utility increase in a geometrical ratio; and although the personal labors of Dr. Armstrong have been terminated by death, he will live long to the profession, and especially to those who were within the reach of his personal influence, in his recorded labors, and the recollection of his bright example.

III.

USE OF OPIUM IN CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am so confident of the efficacy and safety of the following mode of treating the common *bowel complaint* of children, as to desire it communicated to the profession through your useful Journal.

This complaint is too common to require a description of its symptoms, or a history of its progress; I shall only relate, in a few words, the mode of treatment which I have found, for the three years past, to be completely successful, both in hot and in cool weather, in favorable and in unfavorable circumstances. The same treatment has been pursued, whether I have found this complaint in the form of cholera morbus, simple diarrhœa, or dysentery. If anything can be retained on the stomach, I give the following dose to a child a year old :—

Castor oil half an ounce, or tablespoonful; tinct. opii 8 drops; fine sugar a teaspoonful; well mixed. To be given morning and night, when the complaint is severe. If the stomach throws up this, I give the laudanum in eight-drop doses, once in an hour, until the stomach will retain the oil: but if the stomach entirely refuses the laudanum, I give it in ten-drop doses by injection, until quietude is produced. This difficulty is experienced often in cholera, seldom in dysentery, and never in diarrhœa. If the complaint is not severe, I give the mixture only in the morning, and six or eight drops of laudanum at night. Paregoric may be substituted for the laudanum, but I like the laudanum best.

For *food* I give boiled milk and water; and if the child has been much fed with solids, I add crackers and white bread soaked in the milk. For drink, simply water, of the temperature of the air in summer and early autumn. When the child is much emaciated, bowels swelled, limbs cold, and constant groaning, I add brandy to the milk, and feed it with this, in the form of punch, several times a day. This hastens the cure, though not essential to it. The oil and opium in large doses, I conceive to be essential to the cure of this complaint; or, in other words, to allay irritability, and to evacuate the bowels copiously, through their whole tract, every day or twice a day. This is the whole of my treatment.

Opium is the surest sudorific in the materia medica, though not generally the quickest; in this, perhaps, its efficacy principally lies, though I shall offer no theory upon the subject. Opium has a singular effect in regulating the powers which generate heat. In the bowel complaint of children, the natural heat is withdrawn from the extremities and accumulated about the vital parts. Opium increases the heat and diffuses it equally over the system, and enables the system to support a copious perspiration.

Where the complaint has continued long, the child should be kept in a gentle sleep with the laudanum, for the greater part of two or three days. It will always awake for drink. By this mode of treatment, children have recovered as from a crisis of fever, as soon as a sweat has appeared upon the skin. I have seen, during the two last years, seven or eight children recover from the *worst stages* of this complaint in the space of two weeks, where the foregoing mixture was administered once and sometimes twice a day, during that time. One child took a pint and a half of oil in three weeks, and at the end of this time it had gained flesh. In health, the bowels of children move much quicker and oftener than in adults, and in sickness, especially in this complaint, they will bear evacuations with much less loss of strength than adults. This may be observed from the length of time which bowel complaints last in children, their frequent stools, and, at the same time, their strength and activity. It is my opinion that a well child would *gain flesh* by taking an ounce of oil a day. It is not evacuations that kill children, but pain and the disease.

The griping and distress sometimes occasioned by the opium, is obviated by the oil, the operation of which never fails to remove it; the opiate in turn supports the system under the operation of the oil. I think that some cases may be cured by the latter medicine alone. The sugar effectually conceals the taste of the oil, and prevents it from being rejected by vomiting before it reaches the stomach.

Milk is the accustomed food of children, and therefore the most suitable; it is altogether unreasonable to give children a new kind of food when they are sick. Water too is an accustomed drink, and one of the simplest things in nature, and is therefore not objectionable. Indeed, how can we qualify water so as to make it more simple? If we add anything to it, we make it a compound; if we take away anything, we turn it into gases unsuited to the stomach. It may be safely let alone.

It may be added that, in this complaint, some portions of the bowels are always torpid and contracted; hence the griping and pains, and the necessity of daily evacuations as long as the complaint lasts.

Yours, respectfully,

David B. Slack.

Providence, Aug. 2, 1830.

IV.

DR. MOTT'S NEW INSTRUMENT.

For the Boston Med. and Surg. Journal.

Mr. Editor,—At page 391 of your Journal published July 27th, 1830, there is an article entitled "Dr. Mott's new Instrument." Whether it be new as respects him is not for me to determine;—but that it is in fact an old instrument, and indeed so old as to have become rather antiquated, appears by the following extract from Benjamin Bell's System of Surgery, Vol. 4th, page 411. Edit. Edinburgh, 1787. "Figure 3d (Plate 54), the instrument in common use as a speculum oris, but is so defective that it can seldom be used with much advantage." The plate is inserted between pages 200 and 201 of this volume. The only difference of any importance that I can perceive between this figure and that of Dr. Mott in the American Journal of the Medical Sciences Vol. 5th, page 104, is, that the extremities of this are represented as grooved, and the other is not so represented. There is also a figure of this instrument in Heister's System of Surgery, Vol. I., Plate xx., fig. 12, published at London in 4to. A. D. 1743. Whether Dr. Mott ever read either of these works, is unknown to me. If he have not, he might perhaps derive some advantage by perusing them;—if he have, one would think either he must himself have a treacherous memory, or believe that to be the case with other people.

Yours, &c.

Senex.

The reader will find, on a succeeding page, some brief account of the manner in which the instrument alluded to in the foregoing communication has been brought before the public in this country and abroad.

BOSTON, TUESDAY, AUGUST 17, 1830.

DESRUELLES' MEMOIR.

Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val-de-Grace. Translated from the French of H. M. J. DESRUELLES, M.D. &c. *To which is added, Observations on the Treatment of the Venereal Disease without Mercury.* By G. J. GUTHRIE, Esq., Dep. Inspec. of Hos., Lec. on Surg., &c. *And various Documents showing the results of this Mode of Treatment in Great Britain, France, Germany, and America.* Carey & Lea. Phil. 1830.

THE experiments performed by M. Desruelles at the Val-de-Grace, and the success with which he pursued the non-mercurial practice in syphilis, are already known to the American public through the medium of the journals. The author, however, is by no means a mere experimentalist. His views of the nature of syphilis are evidently founded on much reflection, and his work, considered simply as a pathological treatise, will amply repay the trouble of attentive perusal.

There are three questions, two of a theoretical and the third of a practical character, which may be considered as still sub lite with regard to venereal disease. These regard the existence or non-existence of syphilitic virus; the identity or diversity of gonorrhœa and syphilis in respect to their origin; and the comparative advantages of mercurial and non-mercurial treatment. We believe it to be very easy to consider these questions as wholly distinct from each other, and are not aware that the solution of one necessarily involves that of either of the others. They appear however to have attracted attention about the same period, and in this work, as well as in others, the refutation of the popular notion in regard to the first two, seems to be considered a necessary prelude to the introduction of new views in respect to the other. We propose to present our readers a brief notice of M. Desruelles' theory, and then to consider somewhat in detail the whole amount of testimony hitherto submitted in favor of the practice which he recommends.

M. Desruelles is decidedly hostile to the notion of a venereal virus, which according to him is wholly unsupported by any known fact. Admitting the disease to be in a proper sense contagious, this is by no means a sufficient reason for such an inference; for smallpox, measles, and scarlatina, are contagious diseases, yet no one believes in a variolous or rubeolous virus (p. 47). Contagion, though a frequent, is not a necessary source of the disease; for there is no doubt that it has occurred in many countries spontaneously and without being imported (Ibid). The immediate cause of syphilis is irritation (p. 70), and the effect of this irritation depends less on the nature of the irritating substance itself than on the state of the parts to which it is applied, and that of the system generally. The same irritating secretion, therefore, applied to similar parts, will prove harmless to one, in another be followed by urethritis, in a third by balanitis, in a fourth by adenitis (p. 45); and where predisposition exists, either of these may be produced by causes not syphilitic.

As respects secondary symptoms, M. Desruelles thinks they recur in virtue of a general law by which the system conforms its action to any irritation which has existed for any length of time (p. 75). The idea of a virus is not more necessary to explain the transfer of venereal disease, than to explain the metastasis or erratic rheumatism (p. 77), or the course of scrofula or scurvy. The true explanation is, that the whole system has become debilitated from the duration of disease or from the nature of the local or general treatment, and becomes incapable of resisting slight morbid causes, or of controlling the processes which these causes induce. Hence

" A wound received, will not show any disposition to heal, and if union be attempted, the endeavor will be fruitless. Adenites will appear, and suppuration will in most cases be inevitable; if opened with a sharp instrument, the borders of the incision will swell, and even be inverted if stimulating unguents be applied; at a later period, pustules will cover the skin, the throat will inflame, ulcers will extend over the veil of the palate and the thin tissue of the amygdalæ, or will cover the pharynx, and creeping ulcers will gradually cover the whole surface of the body. The anus will become the seat of ulcerations, and of vegetations which appear first on the penis; at a later period, the features of the face will thicken, and it will appear quite different; the skin will change color, will become thicker and harder, and afterwards become very thin and extremely pallid. The sub-cutaneous cellular tissue will appear as if absorbed, and the muscles will sink in.

" These are not the only changes which will be perceived. The viscera themselves will become deeply involved, and will effect the ruin of the system, if this state be not soon altered by methodic treatment."

Such is the outline of M. Desruelles' theory of syphilis. Like most other theories it certainly has its weak points, which we presume the advocates of a venereal virus will not be slow in discerning. As we have no wish to enter farther into this branch of the subject, we must content ourselves with referring to the work itself for many facts and arguments touching the above points of doctrine.

We have said it was our purpose to compare the results obtained at the Val-de-Grace with those which have been recorded at different establishments. We are enabled to do this with great facility, as there is appended to the present volume two very full and important tabular reports, each containing more cases than are given by Desruelles, besides several smaller records which go to confirm the same results. Of the three which we intend noticing, the one most favorable to the non-mercurial practice is that of M. Desbrus, of Strasburg, which embraces 2171 cases of patients affected with syphilis in various forms and at different stages. Of these, 1142 underwent mercurial treatment, and 947 were treated without mercury. The following were among the results obtained :—

Of 325 patients affected with primitive ulcers and treated *without mercury*, the duration of treatment

in 48 was from	5 to 10 days.
90	11 to 20
45	21 to 30
28	31 to 40
8	41 to 50
4	51 to 60
2	61 to 80

Of 188 patients affected with primitive ulcers and treated *with mercury*, the duration of treatment

in 3 was from	5 to 10 days.
18	11 to 20
30	21 to 30
52	31 to 40
45	41 to 50
22	51 to 60
15	61 to 80
3	81 to 120

Of 273 patients affected with buboes treated without mercury, the duration of the treatment

in 24 was from	5 to 10 days.
68	11 to 20
66	21 to 30
50	31 to 40
29	41 to 50
19	51 to 60
13	61 to 80
4	81 to 120

Of 106 cases of buboes treated with mercury, the duration of treatment

in 3 was from	5 to 10 days.
7	11 to 20
19	21 to 30
40	31 to 40
20	41 to 60
10	61 to 80
3	81 to 125
4	126 to 200

The general conclusion thus obtained was, that of those treated without mercury, six-tenths were cured in less than thirty days; while of those treated with it, only twenty-seven per cent were cured in that time. As respects secondary symptoms, the results varied still more. Of the 1142 cases cured with mercury, 63 were affected with secondary symptoms; while of the 937 treated without, these occurred only in 24 cases.

M. Desruelles' results have been mentioned in one of our former numbers; we shall, however, briefly recur to them. The number of syphilitic patients at Val-de-Grace, between April 1, 1825, and July 31, 1827, was 1312. Of these, 1084 were treated for primary symptoms, and 228 for consecutive. Of the former, 386 were treated with mercury; and the mean duration of the disease was 47 days. The other 698 took no mercury; and the average duration of treatment was 28 days. Of the 228 affected with consecutive symptoms, 153 were treated without mercury, and their average term was 45 days. The remainder took this article, but in 42 only was the general treatment as favorable as in the 153 before mentioned. In these the mean duration was 55 days. For further particulars we refer to the work, p. 206.

The last of these documents which we shall mention, and the least favorable to the non-mercurial treatment, is an army circular, signed by J. M'Grigor and W. Franklin, and contained in Hennen's Military Memoirs.* It contains an account of no less that 4767 cases, of which 1940 were cured without mercury, with the exception of 65, in whom this course was commenced and then abandoned for the mercurial, being contraindicated by peculiar circumstances. Of these, 96 had secondary symptoms of different sorts, 84 of whom were cured without mercury. Of the 2827 cases in which mercury was employed, only 51 subsequently had secondary symptoms. The average duration of treatment was somewhat longer in these than in the cases treated without mercury. Many other particulars are mentioned, which we omit. It is a singular fact, however, that in the cases cured without mercury, iritis was frequently observed a secondary symptom, either by itself or attended with eruption. It is not impossible that the ophthalmic disease had some connection with the starving system to which the patients were subjected for so considerable a period. It is a common idea with sailors, that living on rice renders them blind; and it was remarked by Magendie, that in several dogs destroyed by feeding them on substances containing no azote, such as gum, sugar, olive oil, and butter, all were affected, before death, with ulcers on the cornea. Some of these, in fact, extended through the membrane, so that the humors escaped and the organ was entirely destroyed.

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* This work has been recently republished at Philadelphia, and is before us for review in an early number.

In conclusion, we feel it our duty to suggest, that any inference from the above facts, in favor of the non-mercurial practice, ought to be made at least with considerable caution. A remedy which the experience of centuries has sanctioned, is certainly not to be abandoned until very manifest proofs are obtained that it is inefficacious or hurtful. All that can be considered as proved is, that the use of mercury is not necessary to the cure of syphilis;—what is rendered probable is, that, in the great majority of cases, active antiphlogistic means will be adequate to effect a cure. That the employment of these means will be attended with less present inconvenience, or produce greater eventual safety to the patient, is a point by no means decided. As respects some of the secondary symptoms, the remote causes of their occurrence are still involved in much obscurity. That they are always produced by the use of mercury in the first stage of the disease, is manifestly impossible; since they are known to occur in cases where no mercury has been used. Even M. Desruelles, who is disposed to refer particular cases of secondary symptoms to mercurial influence, does not venture to advance the general principle, but states it as one which he is not yet prepared positively to assert. It is not impossible, that, on farther reflection, he may be induced to abandon this idea, and thus to modify, in some degree at least, the doctrine he so ably and ingeniously maintains.

DR. MOTT'S INSTRUMENT.

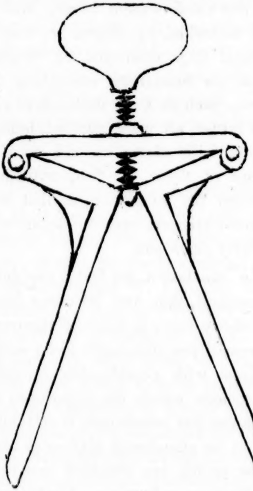
OUR respected friend, whose signature presents but one of his claims to attention and respect, has, after all, given us the best light yet shed on the faculty of the present day, respecting the Instrument which Dr. Mott has, rather unfortunately, connected with his own name. In order that the whole affair may be before the reader from a source wholly impartial, we will state the history of this case in as few words as possible.

In the No. of the American Journal of the Medical Sciences for November, 1829, is a case by Dr. Mott of New York, of "immobility of the jaw, successfully treated." In the course of his account of this case he speaks of an instrument which he used, in such terms as to convey the idea to every reader that it was one of his own invention. His words are these:—

> "As no force which I could exert would enable me to open the mouth, I was prepared to apply the mechanical principle of the screw and lever. For this purpose we had prepared an instrument composed of two steel plates, about three inches in length. When applied to each other they were of a wedge shape. To the large end was attached a screw, with a broad handle, which, when turned, caused the thin extremity of the plates to expand. (See figure.) This powerful combination of the lever and screw enabled us to open the mouth completely.
>
> "With considerable difficulty we succeeded in insinuating this *vice* between the range of teeth on the left side, being careful to have it rest along their whole course as much as possible."

In no part of his paper does he give any credit for this instrument, or allude to its ever before having been in existence.

His whole case, with a cut of the instrument, was copied, sometime after, into the London Medical Gazette, and drew from a Surgeon at Bath (Eng.) the letter which will be found on our 198th page, in which he says an instrument precisely similar to that of Dr. M. has been many years in his possession, and was derived by him from his professional teacher. He therefore apprises the faculty of Dr. Mott's mistake in supposing himself the author of this speculum oris. Shortly, Dr. Mott replied in the same Gazette,* and there distinctly claims the invention, and thinks it "a little amusing that this instrument, *thought to be unique*, should have produced its counterpart, and a claim to originality at so distant a period." Here the matter rested until the present moment, when *Senex* comes forward and reminds us that the same instrument was used by Heister in his "System of Surgery," and by B. Bell in his, and that both these authors have given an account and a plate of it in their works. This will be found to be strictly true, and in order that our readers may be the better



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* See this Journal, page 391.

satisfied on this score, we have subjoined a very rough sketch of Dr. *Mott's* instrument, and beg them to compare it with those referred to above. We concur entirely with our correspondent in his concluding remark, confessing at the same time some surprise at the dilemma in which our distinguished countryman has placed himself; whichever horn he may prefer, his reputation will be little enhanced by it.

EFFECT OF OPIUM.

In this stirring period of revolution, both as respects the theory and practice of the medical art, we are disposed to regard with no small interest such observations as go to confirm even the best established principles of pathology and therapeutics. It is in this view, and not on account of any novelty they possess, that we have perused with much satisfaction some conclusions of the venerable Hufeland, drawn from his personal experience of the abovementioned article. According to his view of the subject, opium, taken into the healthy system, produces invariably the following effects:—1. Strength and fulness of the pulse, indicating increased activity of the general circulation. 2. Increase of animal heat. 3. A depression of all the nervous functions; diminished sensibility; sleep. 4. Constipation and dryness of the throat. 5. Increase of cutaneous perspiration; sweating.

From these observations on the effect of opium in health, M. Hufeland derives certain principles for its application in disease, which as we have said are in perfect accordance with those generally laid down by medical writers. Its employment is strongly indicated in those cases in which pain exists, unaccompanied by fulness of the pulse or other circumstances indicating arterial excitement. Where these exist, other measures appropriate to the symptoms must take the lead in the treatment. On the other hand, the use of opium is required as a stimulant to the circulating system, in cases where feebleness of the pulse and other symptoms indicate general prostration. Among the diseases in which this valuable remedy is most frequently required, may be mentioned dysentery, cholera, croup, delirium tremens, typhus, nervous cough, and diabetes. Thus it will be seen that this venerable man has arrived at conclusions not very dissimilar to those of our correspondent on another page.

DISEASED GROWTH OF THE NAIL.

It is a familiar fact that one of the most troublesome cases which comes under the care of the surgeon, is produced by that state of the extremities in which the nail grows into the skin and produces ulceration. Under these circumstances it has sometimes been found sufficient to raise the edge of the nail and insert under it a small quantity of lint; thus giving to the ulcer an opportunity to heal. Frequently, however, the removal of the whole nail is inevitable; and to effect this, various methods have been proposed by different writers. The most simple mode of proceeding is to divide the nail with a bistoury or pair of scissors, and then seizing the fragments successively with a pair of strong forceps, to tear them from the subjacent part. A process less cruel, at least in appearance, is to apply a blister, and thus produce an effusion of serum which may facilitate the removal. This, however, while it is far more tedious, is scarcely less painful than the last. A third plan is suggested by a late writer in a foreign journal, and certainly presents some advantages over either of the others. It consists in scraping the nail until it becomes very thin, and then rubbing its surface with the nitrate of silver. The effect is said to be a *raccourcissement* of the nail, so that it can in a short time be removed without pain or difficulty.

TINTEMENT METALLIQUE.

It is well known to those who have made auscultation a study, that this term has been applied to a sound perceived in the lungs, and indicative of the existence of cavities in their substance, communicating with the bronchiæ. This sound, which was regarded by Laennec himself as a rare symptom, has been since very frequently observed to be produced by percussion over the diseased organ, whether employed before or after death. The sagacity of a late writer has founded a very simple explanation of this phenomenon on the following observation.

If the two hands are joined together so as to enclose a considerable space between them, connected with the external air by one or more outlets, and then, without changing their relative position, are applied with slight force to a yielding surface like that of the abdomen, a ringing sound will be occasioned by the sudden repulsion of the enclosed air, not unlike that of metallic coins moved on each other. If, however, the hands are placed in entire apposition, so as to prevent the escape of the air, the experiment fails. In the same manner, it is remarked, that if, while percussion is employed over the seat of an abscess, the mouth and nostrils remain open, a greater or less amount of this sound is produced; but if the percussion is made with these orifices closed, no effect follows. This exit of the air, therefore, from a cavity through a small orifice, is supposed by the author to be the true cause of the sound in question; and this view of the subject is stated to have been fully verified by autopsic examination.

DEATH CAUSED BY POLYPUS TUMOR.

A case of polypus tumor, obstructing the glottis and causing death, is related by M. Dupuytren in the Lancette Française.—An old man, who had been admitted at the Hôtel Dieu, on account of disease of the urinary organs, was, from time to time, affected with suffocation. During the intermissions, his breathing was perfectly easy, and there appeared to exist no assignable cause for the fits, during one of which, however, he suddenly died. On examination, the glottis was found to be completely obstructed by a small polypus tumor, which originated from one of the arithnoideo-epiglottean ligaments: it was of cellulo-vascular texture, one inch and a half in length, bilobular at its extremity, and covered with mucous membrane. It appears that this tumor had generally been hanging into the pharynx, and then had not caused any uneasiness; but that whenever any change was produced in its position, it obstructed the glottis, and thus ultimately produced suffocation.

Prize Essay.—The Medical and Chirurgical Faculty of Maryland offer a premium of one hundred dollars for "An Essay upon the Nature and Sources of Malaria or Noxious Miasma, from which originate the family of diseases usually known by the denomination of Bilious Diseases; together with the best means of preventing the formation of Malaria, removing the sources, and obviating their effects upon the human constitution, when the cause cannot be removed."

The dissertations must be delivered to Dr. Henry W. Baxley, Corresponding Secretary, Baltimore, on or before the 1st of May, 1831. "Each dissertation to be accompanied with a sealed letter, superscribed with a motto corresponding with that prefixed to the essay."

Analysis of Copaiba.—M. Gerber, of Hamburg, has analysed the pale yellow copaiba, and obtained the following results:—Volatile oil, 41; a brown resin insoluble in cold petroleum, 2.18; a brittle yellow resin soluble in cold petroleum, 51.32; water, 5.44.

When the copaiba becomes old, it undergoes some changes, according to M. G.; a part of its volatile oil appears to be transformed into a brown resin,—thus, the analysis of old copaiba furnished him with the following results:—Volatile oil, 31.7; soft brown resin, 11.15; brittle yellow resin, 53.68; water, and loss, 4.10.—*Archives des Apotheker.*

The Guaco—so much extolled as an antidote to the bite of poisonous serpents, was tried recently in a case of hydrophobia at St. Thomas's Hospital, London. It appeared to act as a narcotic, but exerted no decided influence over the disease.

The Journal of Law, a sheet published semi-monthly at Philadelphia, on the same plan as the Journal of Health, has been a few days on our table. Its objects are good, and it appears to be edited with ability. It is evident that too little knowledge of the laws regulating common transactions exists among us; and this circumstance, taken in connection with the fact expressed in the very appropriate motto of the abovementioned work—"ignorantia legis neminem excusat"—affords ample proof that a journal designed for remedying this evil, if well conducted, will be a valuable acquisition to our periodical literature. As this publication is designed for popular use, technical phrases are avoided, and explanations, where needed, are full and easily understood.

The N. Y. Medical and Physical Journal, we learn, is discontinued. The last number was published in July last.

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING AUGUST 6.

Date.	Sex.	Age.	Disease.
July 31.	F.	21 mo	lung fever
	M.	26 yrs	consumption
	M.	11 mo	cholera
Aug. 2.	F.	29 yrs	consumption
	M.	4 d.	infantile
	F.	2 mo	hooping cough
	M.	25 yrs	consumption
3.	M.	11 mo	croup
	M.	1 mo	inflammation in the bowels
4.	M.	33 yrs	intemperance
	F.	4	dropsy on the brain
	M.	36	consumption
	M.	5	dropsy on the brain
5.	F.	3 mo	infantile
	M.	45 yrs	sudden
	M.	19	unknown
6.	M.	57	debility
	M.	33	consumption
	M.	88	old age
	F.	2	convulsions

Males, 14—Females, 6. Total, 20.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures commences on the first Thursday of September, and continues fourteen weeks. Medical degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for Medical Degrees begins on the Wednesday preceding the close of the Lecture Term. Dissertations must be lodged with the Dean of the Faculty at least four weeks before the Commencement. The Trustees have made ample provision for the accomodation of Students, and are completing the advantages for a thorough and complete medical education. The Lectures will be delivered by

H. H. Childs, M.D. Theory and Practice of Medicine.
S. W. Williams, M.D. Medical Jurisprudence.
S. P. White, M.D. Theoretical and Operative Surgery.
C. B. Coventry, M.D. Materia Medica and Obstetrics.
W. Parker, M.D. Anatomy and Physiology.
C. Dewey, M.D. Chemistry, Botany, and Natural Philosophy.

Matriculation Ticket, $3. Lecture Fee, $40. Graduation, $12. Library, $1. Board, including washing, lodging, and room, $1,75 a week.

By order of the Trustees,
S. M. McKAY, *Sec.*
Pittsfield, Mass. July 26, 1830.
Aug. 10—5t.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructers best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. **Hale**, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26. 6t.—July 13.

VACCINE VIRUS.

NATHAN JARVIS, on account of frequent solicitations, will constantly keep for sale FRESH VACCINE VIRUS, taken by a physician from *healthy* subjects. It will be furnished at a reasonable price on demand, either in scabs or quills. Physicians in the country who are in want of Virus, can send their orders by mail, as it can be enclosed in a letter and transmitted without any great expense of postage. June 1.

Apothecaries' Hall,
No. 188 *Washington Street.*

NEW WORK.

THIS day received, by CARTER & HENDEE, Memoir on the Treatment of Venereal Diseases without Mercury, employed at the Military Hospital of the Val De Grace. Translated from the French of H. M. J. **Desruells**, M.D. &c. &c.

To which is added, Observations of the Venereal Disease without Mercury. By G. J. **Guthrie**, Esq., Deputy Inspector of Hospitals, Lecturer on Surgery, &c. and various documents showing the results of this mode of Treatment in Great Britain, France, Germany and America.

Aug. 3.

Published weekly, by **John Cotton**, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid.*—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.